

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF 726
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
NRSC

Full Name (Last, First, Middle Initial) A. MR. MICHAEL KIMBALL			Date of Receipt M / D / Y Y Y Y 03 / 11 / 2015	
Mailing Address 1647 DOUGLAS RD			Transaction ID : SA11.11411143	
City STOCKTON	State CA	Zip Code 95207-4114	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			125.00	
Name of Employer SELF EMPLOYED		Occupation CONSULTANT	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. MR. KIRK KINDSFATER			Date of Receipt M / D / Y Y Y Y 03 / 25 / 2015	
Mailing Address 16285 CR 76			Transaction ID : SA11.11430168	
City EATON	State CO	Zip Code 80615-8705	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			100.00	
Name of Employer SELF EMPLOYED		Occupation PHYSICIAN	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. MR. ARTHUR J. KING			Date of Receipt M / D / Y Y Y Y 03 / 11 / 2015	
Mailing Address P.O. BOX 235			Transaction ID : SA11.11411816	
City BLAND	State VA	Zip Code 24315-0235	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C			250.00	
Name of Employer STATE FARM INSURANCE		Occupation INSURANCE	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	, , 475.00
TOTAL This Period (last page this line number only)...	, , -

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